

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: <u>0 2 - 0 1 7</u>	2. STATE: Iowa
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
4. REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE July 1, 2002	

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.615	7. FEDERAL BUDGET IMPACT: a. FFY <u>02</u> \$ <u>457</u> b. FFY <u>03</u> \$ <u>1,370</u>
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 14 to Attachment 4.16-A, pages 1 - 16 <i>Iowa (02-017)</i> <i>Approved: 10/29/02</i> <i>Effective: 07/01/02</i>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 14 to Attachment 4.16-A, pages 1 - 16

10. SUBJECT OF AMENDMENT:



Renewal of cooperative agreement with University of Iowa, Hospitals and Clinics,
Department of Pediatrics for Medicaid administration


11. GOVERNOR'S REVIEW (Check One):

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT ☐ OTHER, AS SPECIFIED: _____

☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO: Director Department of Human Services Hoover State Office Building Des Moines, Iowa 50319-0114
13. TYPED NAME: Jessie K. Rasmussen	
14. TITLE: Director	
15. DATE SUBMITTED:  7-29-02	

FOR REGIONAL OFFICE USE ONLY	
DATE RECEIVED: 8/15/02	DATE APPROVED: 8/15/02
PLAN APPROVED - ONE COPY ATTACHED	
DATE OF APPROVED MATERIAL: 07/01/02	SIGNATURE OF REGIONAL OFFICIAL: 
21. TYPED NAME: Thomas W. Lenz	22. TITLE: ARA for Medicaid State Operations
23. REMARKS: SBA Control Data Submitted 8/15/02 Data Received 8/15/02	

STATE OF IOWA
IOWA DEPARTMENT OF HUMAN SERVICES
AND
UNIVERSITY OF IOWA
HOSPITAL SCHOOL &
HOSPITAL CLINICS
DEPARTMENT OF PEDIATRICS
AND COLLEGE OF MEDICINE

July 1, 2002

through

June 30, 2003

TN No.	<u>MS-02-17</u>	Approval Date	<u>OCT 29 2002</u>
Supersedes TN No.	<u>MS-01-29</u>	Effective Date	<u>JUL 01 2002</u>

INTERAGENCY AGREEMENT
BETWEEN THE IOWA DEPARTMENT OF HUMAN SERVICES
AND THE: Center for Disabilities and Development, Department of Pediatrics,
and Department of Child Psychiatry, all part of University of Iowa Health Care,
herein known as the "Contractor"

THIS AGREEMENT is entered into this 1st day of July 2002, by and between the undersigned Entities.

WHEREAS, The State Department of Human Services, hereinafter known as DHS, is the single state agency responsible for administering the Iowa Medical Assistance Program (hereinafter referred to as Medicaid);

WHEREAS, Section 1902(a)(11)(A) of the Federal Social Security Act mandates cooperative arrangements between the single state agency and state agencies responsible for administering health services; and

WHEREAS, the Contractor consists of its employees as well as affiliated agencies operating under contract or memorandum of understanding.

NOW THEREFORE, DHS and the Contractor enter into the following agreement:

I. PURPOSE OF AGREEMENT

- A. The purpose of this Agreement is to ensure more efficient administration of the State Medicaid Plan. The provision of Medicaid Administration by the Contractor has been determined to be an effective method of assuring the availability, accessibility, coordination, and appropriate utilization of required health care resources to Medicaid beneficiaries residing in the State of Iowa.
- B. DHS recognizes the unique relationship that the Contractor has with its Medicaid beneficiaries and families. It further recognizes the agency's expertise in identifying and assessing the health care needs of Medicaid beneficiaries it serves and in planning, coordinating, and monitoring the delivery of preventive and treatment services to meet their needs. DHS in order to take advantage of this expertise and relationship, enters into this Agreement with the Contractor.
- C. DHS and the Contractor enter into this Agreement with full recognition of all other existing agreements which DHS may have developed for services to Title XIX beneficiaries living in the state of Iowa and which are currently included in Iowa's State Medicaid Plan.

II. MUTUAL OBJECTIVES

Both parties to this Agreement desire for children ages 0 to 21 years:

- A. To assure that Title XIX beneficiaries and their families served by the Contractor are informed of the Medicaid program and how to access it.

- B. To assure that assistance is provided to eligible individuals in facilitating their eligibility for participation in Iowa's Medicaid program.
- C. To assure the availability of early and appropriate interventions so that diagnosis and treatment occur in a timely manner.
- D. To assure that eligible individuals are aware of and understand, in culturally competent and language specific terms, the benefits of preventive and remedial health care.
- E. To assure that health-related services provided to clients served by the Contractor are of sufficient amount, duration, and scope to correct or ameliorate the condition for which they were determined to be medically necessary.
- F. This reimbursement is made based upon the understanding that the Contractor agrees to reinvest new federal revenue generated through Medicaid administrative activities performed on behalf of Medicaid beneficiaries into health related services for children.

III. RESPECTIVE RESPONSIBILITIES

DHS agrees to:

- A. Reimburse the Contractor the Title XIX federal share of actual and reasonable costs for Medicaid administration provided by its staff based upon a time-accounting system which is in accordance with the provisions of OMB Circular A87 and 45 CFR Part 74 and 95.
- B. Reimburse the Contractor for Facilities and Administrative Costs at the rate of 8%. The University of Iowa's federally negotiated Facilities & Administrative cost rate for research, instruction and other costs is 47% of the modified Total Direct Costs (MTDC). For training grants, contract, and interagency agreements with state agencies, the rate is 8%.
- C. The rate of reimbursement for allowable administrative activities performed by personnel other than Skilled Professional Medical Personnel shall be 50% of such costs. The rate of reimbursement for activities qualifying under federal regulations applying to Skilled Professional Medical Personnel (SPMPs) and their direct supporting clerical staff shall be 75% of such costs for activities identified as "enhanced" or 50% for activities identified as "non-enhanced" when the criteria of 42 CFR 432.50 are met. Categories of costs eligible for 75% reimbursement include the following items only: compensation and applicable fringe benefits, travel and training of Skilled Professional Medical Personnel (SPMPs) and their direct supporting clerical staff.
- D. Changes in any federal regulation affecting the matching percentage, and/or costs eligible for enhanced or administrative match, which become effective subsequent to the execution of this Agreement will be applied herein as provided in such changes to the regulations.
- E. Include the Contractor's expenditures for Medicaid administration in the State's Title XIX claim for federal financial participation to the extent that federal funds are available after the claim is made for DHS administration.
- F. Provide the Contractor with access to information necessary to perform and claim reimbursement for Medicaid administration.

- G. Meet and consult on a regular basis with the Contractor on issues related to the implementation and maintenance of this Agreement.
- H. Agrees that the Division of Community Health of the Iowa Department of Public Health will provide ongoing technical and support services to the Contractor around the responsibilities assumed within the terms of this Agreement.

The Contractor agrees to:

- A. Perform Medicaid administrative activities for children age 0 to 21 years as an agent for DHS to assure the availability, accessibility, coordination, and appropriate utilization of preventive and remedial health care resources to Medicaid beneficiaries and their families (where appropriate) in the State of Iowa.
These activities will facilitate access to medical care for Medicaid recipients when outreach is not already provided under Medicaid. There will be no claiming for a service that is covered under Medicaid and the coordination shall not be construed as targeted case management or other Medicaid Case Management. A description of administrative activities is included in Exhibit A. These activities include:
01. Outreach / Facilitating Medicaid Eligibility Determination and Enrollment (claimable)
 02. Case Finding (claimable)
 03. Skilled Medical Professional Assessment, Case Planning, and Follow-up (claimable)
 04. Assisting Clients to Access Services (claimable)
 05. Skilled Medical Professional Consultation/Anticipatory Guidance (claimable)
 06. Skilled Medical Professional In-Service Training (claimable)
 07. Program Planning and Development (claimable)
 08. General Administration (claimable)
 09. Direct Client Care (not claimable)
 10. Other Activities (not claimable)
- B. Account for the activities of staff providing Medicaid administration in accordance with the provisions of OMB Circular A 87 and 45 CFR Part 74 and 95.
- C. Certify the non-federal match for Title XIX funds claimed for Medicaid administrative activities.
- D. Assure DHS that a written cost allocation plan is in place.
- E. Ensure that the appropriate documentation for expenditures and audit trail exist by retaining all appropriate records and documents for five years after the claim revision; or if an audit is in process, five years after the completion of the audit.

- F. Return to DHS any federal funds which are deferred and/or ultimately disallowed on claims for Medicaid administration submitted to CMS by DHS on behalf of the Contractor. The Contractor shall be liable for the full amount of any claim disallowed and related penalties incurred in the event of a federal audit.
- G. Conduct all activities recognizing the authority of the single state Medicaid agency in the administration of the state Medicaid Plan to issue policies, rules and regulations on program matters.
- H. Submit claims to DHS on a quarterly basis. Claims will be submitted within 60 days following the end of a quarter. Any bill will have to show a breakdown of skilled medical professional and a non-skilled medical professional.
- I. The Contractor will be paid for the services described in Section IV a fee not to exceed the authorized expenses of the Administrative Activities outlined in Exhibit A for the agreement period. This shall be the total compensation paid to the Contractor. The Contractor shall not be eligible for any other compensation or benefits including, but not limited to, insurance, paid leave, or retirement. The Contractor will, however, be reimbursed at the rates authorized by the University of Iowa Travel Department for authorized expenses incurred in the course of traveling, authorized by and on behalf of the State.
- J. The Contractor shall submit an invoice to the Department for goods and services rendered. The invoices shall be submitted to the Department with appropriate itemization as necessary to support all charges included on the invoice. The State shall pay all approved invoices in arrears and in conformance with Iowa Code Section 421.40 and 701 IAC 201.1(2). The State may pay in less than 60 days, as provided in Iowa Code Section 421.40. Claims must be submitted to:
- Sally Nadolsky
Department of Human Services
Hoover State Office Building
1305 E. Walnut
Des Moines, IA 50319-0114
- K. Reinvest revenue generated from Medicaid administrative activities performed on behalf of Medicaid beneficiaries into related health services for children. Submit an annual report documenting the use of the new revenue by June 30, 2003.
- L. Meet and consult with DHS on a regular basis around issues related to the implementation and maintenance of this Agreement.
- M. Meet and consult with the Division of Community Health of the Iowa Department of Public Health on a regular basis around issues related to the implementation and maintenance of this Agreement.

IV. PROGRAM DESCRIPTION

Medicaid administration activities provide for the efficient operation of the State Medicaid Plan. These activities aid the potentially eligible Medicaid beneficiary age 0 to 21 years to gain eligibility, access screening services such as EPSDT, to receive follow-up on referrals made to additional medical providers, to establish a medical home, to develop and coordinate a treatment plan, to follow through on the treatment plan, and to assist the individual's caretakers in becoming able to meet the client's needs in such a way that a more optimal health condition is achieved. Medicaid administration is committed to the most cost effective, community-based and least restrictive method of treatment for eligible individuals and will maintain this as a priority.

V. JOINT RESPONSIBILITIES

DHS and the Contractor hereby agree to comply with all applicable laws governing the confidentiality of client information, for clients served under the terms of this Agreement.

VI. TERM OF CONTRACT

- A. The term of this Agreement shall be from 7/1/2002 through 6/30/2003.
- B. This Agreement may be amended at any time by mutual written agreement of the two parties to this Agreement after giving ten (10) days prior notice in writing provided that reimbursement shall be made for the period when the Agreement is in full force and effect. This agreement is subject to the availability of federal funds authorized for the purpose of the contract.
- C. This agreement may be terminated without cause by either party upon thirty days notice. DHS can give ten days notice in the event of fraud or abuse.

VII. FISCAL PROVISIONS

- A. The attached Exhibit B entitled "Federal Contract Funds", is incorporated herein and made a part hereof by this reference in recognition by both DHS and the Contractor that the validity and enforceability of this Agreement are contingent upon the availability of funds appropriated by the U.S. Congress.
- B. In addition, this Agreement is valid and enforceable only if the Contractor certifies that sufficient matching funds are available for the purpose of this program. Agreement is also subject to any additional restrictions, limitations or conditions enacted by the appropriate governing body, the Centers for Medicare & Medicaid (CMS), which may affect the provisions, term or funding of this Agreement in any manner.
- C. This Agreement will terminate without penalty at the end of any fiscal year in the event funds are not appropriated by the U.S. Congress for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, at the end of the term for which funds are appropriated.

Immediately upon receipt of notification of restrictions on administrative funding, DHS will continue funding as funding is available. Administrative money available to DHS will first be directed to meeting the requirements of DHS. If federal administrative money remains after this, determination of eligible contracts may receive a portion of the funds available.

In the event that federal matching funds are not available to the extent claimed by DHS, DHS shall first pay claims required for the administration of the program and for contracts entered into prior to October 1, 1993. Remaining claims shall be proportionately shared with discretionary contracts or agreements signed on or after October 1, 1993.

- D. Transfer of funds is contingent upon the availability of Federal Financial Participation.
- E. Documentation of unused funds from reimbursement shall be submitted annually to DHS.
- F. An estimated budget, Exhibit C, is attached and incorporated herein.

VIII. RESTRICTIONS ON USE OF FUNDS

- A. No Federal appropriated funds have been paid or will be paid on behalf of DHS or the Contractor to any person for influencing or attempting to influence an officer or employee or any federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.
- B. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, or an employee of a Member of Congress in connection with this contract, grant, loan, or cooperative agreement, the Contractor shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

NOTE: If Disclosure Forms are required, please contact: Mr. William Sexton, Deputy Director, Grants and Contracts Management Division, Room 341F, HHH Building, on, Room 341F, HHH Building, 200 Independence Avenue, SE, Washington, D.C. 20201-001.

IX. CONTACT PERSON

- A. The contact persons for this agreement will be Sally Nadolsky of the Bureau of Long Term Care of the Iowa Department of Human Services and,

Mark Moser, Doris Montag, or Stephen Blanchard of **University of Iowa Health Care.**

X. EMPLOYMENT PRACTICES

- A. The Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or mental or physical disability. The Contractor must take affirmative action to ensure applicants for employment are treated without discrimination because of their race, color, religion, sex, national origin, or physical or mental disability. Such action shall include, but is not limited to, the following: employment upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting for the provision of this Equal Employment Opportunity (EEO) clause.
- B. The Contractor shall, in all solicitations or advertisement for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, physical or mental disability except where it relates to a bona fide occupational qualification.
- C. The Contractor must comply with all provisions of Executive Order #11246, dated September 24, 1965, including amendments as well as the rules, regulations and relevant orders of the Secretary of Labor.
- D. In the event of the Contractor's non-compliance with the EEO clause of the agreement or with any such rules, regulations or orders, the agreement may be terminated or suspended, the contractor may be declared ineligible for further government contracts. Other sanctions may also be imposed as provided in Executive Order #11246 or by rules, regulations or other orders of the Secretary of Labor. The contractor must comply with all applicable conditions of Title 29 U.S. Code, Section 794 (Rehabilitation Act of 1973).
- E. Civil Rights Laws - The Contractor with four or more employees shall be in compliance with all federal and state civil rights laws and regulations with respect to equal employment opportunity.
- F. Title VI compliance - The Contractor with 15 or more employees shall be in compliance with Title VI of the 1964 Civil Rights Act as amended and all other federal, state, and local laws and regulations regarding the provision of services.
- G. Section 504 compliance - The Contractor with 15 or more employees shall be in compliance with Section 504 of the Rehabilitation Act of 1973 as amended and with all federal, state, and local Section 504 laws and regulations.
- H. Americans with Disabilities Act compliance - The Contractor shall be in compliance with the Americans with Disabilities Act of 1990, (15 or more employees as of July 26, 1994) and with all federal, state, and local laws and regulations regarding the Americans with Disabilities Act.
- I. Affirmative Action - The Contractor shall apply affirmative action measures appropriate to correct deficiencies or to overcome the effects of past or present practices, policies, or other barriers to equal employment opportunity.
- J. Equal Opportunity - The Contractor with four or more employees shall exclude no person from the participation in or receipt of programs, activities or benefits on the grounds of race,

color, creed, national origin, sex, age, religion, political belief, or physical or mental disability. Nor shall the provider discriminate against any person in employment or application for employment on the grounds of race, color, creed, national origin, sex, age, religion, political belief, or physical or mental disability.

- K. Nondiscrimination - The Contractor shall carry out all activities under the terms of any rehabilitative treatment and supportive services contract in a manner that does not discriminate against any person because of the person's race, color, creed, national origin, sex, age, religion, political belief, or physical or mental disability.
- L. Tobacco Smoke -
1. Public Law 103227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.
 2. Contractor certifies that it and its subcontractors will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

XI. GENERAL PROVISIONS

- A. This Agreement constitutes the entire contract between the parties. Any subagreements to this Agreement will be a party to the terms and conditions of this Agreement. No condition, provision, agreement or understanding not stated in this Agreement shall affect any rights, duties or privileges in connection with this Agreement.
- B. Each party or its designees shall have access to and the right to examine, monitor and audit all records, documents, conditions and activities related to the program funded by this Agreement in accordance with 45 CFR 74 sub-part D to support the claim and provide the Centers for Medicare & Medicaid Services (CMS) with any necessary data in the event of an audit.
- C. Confidentiality - DHS and Contractor shall comply with all applicable federal and state laws and regulations regarding maintaining the confidentiality of all client records, and the information contained therein. DHS and Contractor also agree to obtain written consent from the client, provider and/or other authorized representative, for the release of information to any individual or entity not associated with the administration of the program.

- D. Should any disagreement arise between the State and the Contractor on any provisions of this Agreement, the parties agree that the same shall be the subject of discussions between their two Directors in a good faith effort to achieve resolution.
- E. None of the provisions of this Agreement are or shall be construed as for the benefit of or enforceable by any person not a Party to this Agreement.

Jessie K. Rasmussen, Director
For and on Behalf of the
Iowa Department of Human Services

By: 

Date: 6-14-02

Andrew M. Ives, Jr.
Business Manager

For and on Behalf of the
University of Iowa

By: 

Date: 7/8/02

Form #588-4579/December, 1993

January 1994,

March 1994,

June 1994,

November 1994

April 1996

June 1999

June 2000

June 2001

June 2002

TN No.

MS-02-17

Superseries TN No.

MS-01-29

Approval Date

Effective Date

OCT 29 2002

III 01 2002

EXHIBIT A

MEDICAID ADMINISTRATIVE ACTIVITIES

Medicaid administration is committed to the least restrictive, most cost effective, community based method of treatment for eligible individuals. The Contractor agrees to use the following codes for use in an administrative claiming time study that supports the Medicaid Program.

01. OUTREACH / FACILITATING MEDICAID ELIGIBILITY DETERMINATION AND ENROLLMENT (claimable)

Activities that communicate the range of services available and their benefits. Activities that assist an individual to become eligible for participation in Medicaid or assist the person to enroll in a health related program.

Activities include the following:

- * Informing individuals, agencies, practitioners, and community groups about specific Medicaid programs;
- * Evaluating the eligibility of an individual 0-21 years of age for a given program through such methods as review of referrals and interviews;
- * Assisting individuals in collecting information needed for eligibility determination and in filling out and processing eligibility forms for Medicaid;
- * Assisting in reviewing and updating forms each time an individual's circumstances change;
- * Informing individuals about confidentiality, grievance procedures, their rights within the Medicaid program, and any mandated reporting procedures;
- * Assisting an individual or family to understand and identify health problems or conditions and to recognize the value of preventive and remedial care as it relates to these conditions;
- * Providing information to eligible or potentially eligible families about the EPSDT program and it's benefits.

02. CASE FINDING (claimable)

Activities that require skilled medical professional knowledge to identify medically at-risk individuals who may benefit from Medicaid Program participation.

Activities include the following:

- * Using skilled professional knowledge and training to identify high-risk populations whose disease process isolates them from care;
- * Developing and implementing strategies that identify and inform high-risk population groups of programs that will improve or protect their health status.

03. SKILLED MEDICAL PROFESSIONAL ASSESSMENT, CASE PLANNING, AND FOLLOW-UP (claimable)

Activities that require skilled medical professional knowledge to coordinate and maintain a plan of care. The plan is designed to achieve a positive health outcome or stabilize a poor health condition.

Activities include the following:

- * Interpreting results of screenings, assessments, examinations and evaluations which may be needed to make a clinical determination of the nature and extent of the individual's health related condition as well as the kinds of treatment or care needed to improve his/her health outcome;
- * Developing and monitoring plans of treatment and care that are designed to correct or ameliorate health conditions identified in the assessment;
- * Reinforcing medical advice that has been provided to an individual by providing information and follow-up about suspected or identified conditions;
- * Providing follow-up to assess the individual's progress in meeting treatment goals and to assist in making a determination of the need for further treatment;
- * Coordinating the closure of a plan and any resulting necessary referrals.

04. ASSISTING CLIENTS TO ACCESS SERVICES (claimable)

Assisting an individual to access specific preventive services as well as services identified in the plan of care. Performing activities that lead to and support a plan of care.

Activities include the following:

- * Gathering information used to determine the nature and extent of the individual's health related condition;
- * Coordinating screenings, assessments, examinations and evaluations and any follow-up which may be required as a result of information gathering;
- * Scheduling or coordinating the delivery of services and resources which may be needed to implement the plan of care which may include arranging transportation or translation services;
- * Assisting individuals to access and use these services, including actions that help to remove barriers to services;
- * Scheduling and coordinating the meetings of an interdisciplinary team to develop or review a case plan;

- * Providing follow-up contact to ensure that the individual received the service identified in the case plan;
- * Gathering information for and assisting in performing any reassessments needed to evaluate the client's need for continued services;
- * Coordinating the closure of the case and any necessary referrals;
- * Providing information regarding the immunization schedule.

**05. SKILLED MEDICAL PROFESSIONAL CONSULTATION/
ANTICIPATORY GUIDANCE (claimable)**

Providing Medicaid related professional health related consultation and assistance to individuals, providers, agency staff and the community.

Activities include the following:

- * Advising high risk individuals with complex health needs about the causes and prevention of active and communicable diseases and of high-risk behaviors that lead to disease or poor health outcomes;
- * Providing information to an individual's caretaker to increase their understanding of age appropriate growth and development, disease prevention, and the benefits of sound health and mental health practices;
- * Attending case conferences or multi-disciplinary teams to assess and evaluate individual needs and treatment plans;
- * Interpreting the results of screenings, assessments and other evaluation materials to an individual, a provider, or a professional staff of another agency.

06. SKILLED MEDICAL PROFESSIONAL IN-SERVICE TRAINING (claimable)

Planning or conducting skilled Medicaid Program related health training.

Activities include the following:

- * Professional training and technical assistance which improves the quality of treatment and care under Medicaid;
- * Medicaid related training which improves the medical knowledge and skill level of other medical personnel;
- * Medicaid related training and technical assistance which contributes to patient advocacy or which provides information on relevant programs for individuals at risk of poor health outcome.

07. PROGRAM PLANNING AND DEVELOPMENT (claimable)

Activities that support the planning and development of programs. Use when working with other agencies to improve and/or expand services that relate to the Medicaid Program.

Activities include the following:

- * Working with other agencies to identify, promote and develop needed maternal and child health care services through activities such as conducting and evaluating community needs assessments;
- * Working with other agencies to maximize the effectiveness of Medicaid service delivery systems and identify gaps in service;
- * Developing support services that assist Medicaid individuals to access needed services;
- * Working with other agencies to develop methods for the early identification of persons at risk of poor health outcome;
- * Conducting Medicaid quality assurance activities.

08. GENERAL ADMINISTRATION (claimable)

Only the portion of time spent in general administration activities that relates to the Medicaid program is claimable.

09. DIRECT CLIENT CARE (not claimable)

Use when providing direct client care, service, or treatment.

10. OTHER ACTIVITIES (not claimable)

Use when performing activities that do not fit into any other activity code. This includes time devoted to lunch breaks, sick leave, vacation, staff receptions, etc.

December, 1993 Revised	January 1994	February 1995
	March 1994	May 1995
	June 1994	December 1995
	July 1994	April 1996
	November 1994	June 2001

EXHIBIT B

FEDERAL CONTRACT FUNDS

1. It is mutually understood between the parties that this contract may have been written before ascertaining the availability of Congressional appropriation of funds, for the mutual benefit of both parties in order to avoid program and fiscal delays which would occur if the contract were executed after that determination was made.
2. This contract is valid and enforceable only if sufficient funds are made available to the States by the United States Government for the purposes of this program. In addition, this contract is subject to any additional restrictions, limitations or conditions enacted by the Congress or any statute enacted by the Congress which may affect the provisions, terms, or funding of this contract in any manner.
3. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this contract shall be amended to reflect any reduction in funds.
4. Each party has the option to void the Contract under the 30-day cancellation clause or to amend the Contract to reflect any reduction of funds.

December, 1993 Revised June 1994
April 1996

TN No.

MS-02-17

Approval Date

OCT 29 2002

Superseding TN No.

MS-01-20

Effective Date

1111 11 1 2002

Medicaid Administrative Claiming Agreement for FY03 (July 2002 - June 2003)
University of Iowa Health Care

Department of Pediatrics						Requested*
						FY 03
						Claiming
						Agreement
	<u>1st QTR</u>	<u>2nd QTR</u>	<u>3rd QTR</u>	<u>4th QTR EST</u>	<u>FY02 EST</u>	
Peds-Specialty Clinics	\$118,919	126,828	131,987	140,000	517,734	\$600,000
CHSC	35,326	49,248	50,979	51,000	186,553	204,000
Subtotal	154,245	176,076	182,966	191,000	704,287	804,000
5% General Expense	7,712	8,804	9,148	9,550	35,214	40,200
Subtotal	161,957	184,880	192,114	200,550	739,501	844,200
8% Indirect	12,957	14,790	15,369	16,044	59,160	67,535
Total Claim for Peds	\$174,914	199,670	207,483	216,594	798,660	\$911,735

*FY03 Request includes 5 additional participants and 4 percent salary/fringe increases.
 Contract Representative for the Department of Pediatrics, Doris Montag

Center for Disabilities and Development						Requested**
						FY 03
						Claiming
						Agreement
	<u>1st QTR</u>	<u>2nd QTR</u>	<u>3rd QTR</u>	<u>4th QTR EST</u>	<u>FY02 EST</u>	
CDD	\$148,078	152,090	142,055	147,407	589,630	613,213
5% General Expense	7,404	7,605	7,103	7,370	29,482	30,661
Subtotal	155,482	159,695	149,158	154,777	619,112	643,874
8% Indirect	12,439	12,776	11,933	12,382	49,529	51,510
Total Claim for CDD	\$167,920	172,470	161,090	167,160	668,640	\$695,384

**FY03 Request includes 4 percent for salary/fringe increases.
 Contract Representative for the Center for Disabilities and Development, Mark Moser

Department of Psychiatry						Requested
						FY 03
						Claiming
						Agreement
Psychiatry						194,178
5% General Expense						9,709
Subtotal						203,887
8% Indirect						16,310
Total Claim for Psych						\$220,197
Contract Representative for the Department of Psychiatry, Steve Blanchard						

ESTIMATED CONTRACT GRAND TOTAL	\$1,827,316
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